

CIMARRON COUNCIL  
BOY SCOUTS OF AMERICA

## EVENT REGISTRATION – INDIVIDUAL PARTICIPANT

Return Completed Form and Fees to: Cimarron Council, P. O. Box 3146, Enid, OK 73702

Event: \_\_\_\_\_

Event Site (if applicable) \_\_\_\_\_

### Participant

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-mail \_\_\_\_\_

Unit Type (Circle One): Pack Troop Crew Post Group Unit Number: \_\_\_\_\_

Position Training for (if Training Event) \_\_\_\_\_

### Emergency Contact or Adult Responsible for Participant (if participant is not an adult)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

### Additional Participants (in same family)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Fees Enclosed:** \$ \_\_\_\_\_ for \_\_\_\_\_

\$ \_\_\_\_\_ for \_\_\_\_\_

\$ \_\_\_\_\_ for \_\_\_\_\_

Total Fees: \$ \_\_\_\_\_

### **Payment:**

Check #: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Visa Master Card (Circle One)

Expiration Date: \_\_\_\_ / \_\_\_\_ Signature: \_\_\_\_\_